MAXIMUS Federal Services

Case Number:	CM14-0061870		
Date Assigned:	07/09/2014	Date of Injury:	04/28/2000
Decision Date:	09/09/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [redacted] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of April 28, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; dietary supplements; and epidural steroid injection therapy. In a Utilization Review Report dated April 18, 2014, the claims administrator denied a request for Theratramadol, a combination opioid-dietary supplement. The applicant's attorney subsequently appealed. In a May 6, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into left leg. The applicant was not working, it was acknowledged, and had developed superimposed issues with depression. The applicant's medication list included estrogen, clobetasol, Prozac, morphine, Tazorac, Norco, naproxen, and tizanidine. The applicant was apparently receiving disability payments in addition to Workers' Compensation indemnity benefits. Repeat epidural steroid injection therapy was endorsed. There was no mention of the Theratramadol compound at issue.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective medication: Theratramadol, QTY. 90 DOS 3/4/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic Page(s): 78. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, however, it appears that the applicant was given prescriptions for two separate short-acting opioids, namely hydrocodone-acetaminophen and the Tramadol-containing Theratramadol compound. No rationale for provision of two separate short-acting opioids was provided. As noted in the Third Edition ACOEM Guidelines, alternative treatments and/or dietary supplements such as Theramine are not recommended in the treatment of chronic pain as they have not been shown to produce any meaningful benefits or favorable outcomes in the treatment of the same. Thus, both components of the compound, namely Theramine and Tramadol, carry unfavorable recommendations here. Accordingly, the request is not medically necessary.